FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.] SECTION 1 - General information 1. Name and Mailing Address of Respondent Delcambre Telephone Co. Delcambre 1.A 70528 Check here if this is a change of address. 2. Year Report Filed Reporting Period (Ending Date of Pay Period Covared by Report) 4. Number of Full-Time Employees during Selected 2017 Reporting Period (check one):

a. Fewer than 16 (complete Sections I, IV, and V only)

b. 16 or more (complete all sections) March 2017 SECTION II - Full-Time Employees. Number of Employees (Report employees in only one category) Job Race/Ethnicity Categories Hispanic or Lalino Not-Hispanic or Latino Male Tolal Female Male Columns Female White Black or Native Asian American A-N Two or more White African Hawailan or Black or Native Indian or American races Two or more American African Other Hawallan or Alaska Indian or races American Pacific Other Native Alaska Pacific Islander Native Islander A В C D F G Н Executive/Senior Level K L 1.1 N Officials and Managers 0 First/Mid-Level Officials and 1,2 Managers Professionals 2 Technicians Sales Workers Administrative Support Workers Craft Workers Operatives Laborers and Helpers Service Workers 9 TOTAL 10 PREVIOUS YEAR TOTAL

SECTION III - Part-Time Employ	ees.															
	Number of Employees															
Job	(Report employees in only one category) Race/Ethnicity															
Categories		Hispanic or Latino		Not-Hispanic or Latino												
	La			Male											Total	
	Male	Female	White Black or Native Asian American T									Columns A - N				
				African American	Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
Executive/Senior Level	A	В	С	D	E	F	G	Н	1	J	К	L	M	N		
Officials and Managers 1.1														N N	0	
First/Mid-Level Officials and Managers 1.2			,													
Professionals 2			f													
Technicians 3															-	
Sales Workers 4									*							
Administrative Support Workers 5																
Craft Workers 6																
Operatives 7																
Laborers and Helpers 8			1													
Service Workers 9			}													
TOTAL 10			j.									-				
PREVIOUS YEAR TOTAL 11			1													
SECTION IV - Report of Discrimina	ation Complai	nts Pursuani	to 47 CFR :	22.321. 23.55	90 168 101 4											
This is to advise the Co	mmission that	no complaint					-	al state territo	orial or local	alatutes have	h					
This is to advise the Cor	mmission that	the fellowing			1000			••								
	parties involve	d, date filed, c	ourts or ager	ncies before v	which the matte	r has been i	neard, file num	ber or other d	esignation, a	and current sta	i against this co atus or disposit	ompany. ion.				
ECTION V - Certification certify that to the best of my knowled																
ate Typed	or Printed Na	me of Person	Signing	NO III MIIS TOPO		nature		1								
5-24-17 M	arcy	Muy Condry WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND CONTROL 337-685								. 03)]					
the of Person Signing		la la	V	VILLFULLY FA	ALSE STATEM	ENTS MAD OR CONST	E ON THIS FO	DRM ARE PUI	NISHABLE E	BY FINE AND/	OR IMPRISON	MENT (18	U.S.C. 1001)	AND/OR REVO	DCATION	